



**Torrance Memorial Medical Center  
Department of Prehospital Care  
3330 Lomita Blvd. Torrance, Ca 90505  
310-325-9110 X 1198**



*This is to certify that*

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*State License/Certification #* \_\_\_\_\_

*Has successfully completed a course of instruction in* \_\_\_\_\_

*On the date of* \_\_\_\_\_

**This course has been approved for \_\_\_\_\_ hours of continuing education by an  
approved California EMS CE Provider # 19-0029**

**Original Signature in Red**

\_\_\_\_\_  
**Course Director/Instructor/Clinical Director**

**General Category:**

**Instructor based/ Unrestricted**

**Lecture    Field Care Audit    College Course**

**Clinical/Field Observation**

**Media/Serial Production**

**Advanced Topic**

☐ **Nationally Recognized Course**

☐ **Regionally Sponsored Course/Conference**

**Non-Instructor Based/Restricted**

**Media/Serial Production**

**Clinical/Field Precepting**

**Teaching**

***This certificate must be retained for a period of four (4) years***

